NOTE: This Report is Subject to Audit and Verification of Your Books and Records.

All Questions Applicable to Taxpayer Must Be Answered.

Mail To: County Assessor's Office
P.O. Box 1217, Courthouse, Yadkinville, NC 27055

	YADKIN CO	UNTY	Value of the	Busin	ess Personal	Total Supplies Value	
Complete and Mail No L		<u> </u>	<u> </u>	<u> </u>		Total F & E Value	
NOTICE: Use Reverse Side to List in Deta otherwise Not Carried as an Asset on You	ail Machinery, Equipme	Total Vehicle #Value Total Additions & Improvement Value					
SECTIONS ON BOTH SIDES OF FORM.							
Is this property located within one of the follow	wing Towns. Which Or	nes	Filing	Status	Business Category	Total Personal	T. A.
☐ Arl. ☐ Boon. ☐ E	E.B □Jon.	☐Yad	☐ Corpo	oration	☐ Retail	TOTAL VALUE	
Location of Property		:		rietorship	☐ Wholesale	DATE BUSINESS YEAR ENDS	DATE BUSINESS BEGAN HERE
Principal Business Activity in Yadkin County		· · · · · · · · · · · · · · · · · · ·	· ·			A. X	
Other NC Counties in which you filed a Busin	ness Property Return		l [·]	corporated	Manufacturing	STATE OF INCORPORATION	PROPRIETORSHIP - SOC, SEC, NO.
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	_	ciation	☐ Service	NEW CONSTRUCTION (As of Jan.	1 Current Vear)
Former Owner if Property was listed by Another	er Last Year		U Other	r (Specify)	F.5	New Building ☐ Size:	
If Out of Business, Enter Date Operations Cea	sed and the Final Disposi	ition of Assets	· · · · · · · · · · · · · · · · · · ·		14.5	Remodeled Percent Complete Building Materials Only as of Jan 1	te Jan 1
If Real Estate is Leased, Give Name & Addre	ess of Leasee		-				
production of the second section of the second section is a second section of the section of t			a			NOTICE: All sections of this report me If a section does not apply, so indicate	
Partnership or Unincorporated Assoc Give	NAMES & ADDRESS of	Partners or Principals	·. ·	,		of your latest Balance Sheet and De	epreciation Schedule or Fixed Asse
						ledger should accompany this Re separate paper and attach to this for	port. If more space is needed, us
the second second	,	:: !	1.4				
Person to Contact for Audit Give Name - Address - Telephone No.				· · · · · · · · · · · · · · · · · · ·		AFFIRMATION OF TAXPAYER: - I Under penalties prescribed by law, knowledge and belief this listing, inc	I hereby affirm that to the best of r
Acquisitions and/or Disposals of Machinery	Equipment - Furniture &	Fixtures Since Last Year	All No.		100	schedules, and other information, is	true and complete. If this affirmation
Acquisitions - Itemize - Detail	100% Cost Installed	Disposals - Itemize - Det	ail	Year Acquired	100% Original Cost	signed by an individual other than the ta the extent and true value of all of the t this county and that his affirmation is	axpayer's property subject to taxation
					Ç-	has any knowledge	Date
			54	·	£	Signature	Title
						Jan. 1. Acct. No	
				1 8 HO		[세종] [18] [18] [18] [18] [18] [18] [18] [18	
					1	Name	
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							and the second second
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.]	DEPRECI	ABLE PEF		TAX O	FICE USE ONLY			
Year Acquired (1)	Machiner Equipme (2)	int &	Furn. Fix. 3)	Leasehold Equipment (4)	Improve- ments (5)	TOTA (6)	L (7)	SOUND VALU (8)
						 -		
		-						
	· · · · · · · · · · · · · · · · · · ·		····					
Prior								
Add Items F	ourchased a	and Expense	s Not I	Included Above				
			•	eciated Not Inclu				
Under Colur Installation C	nns 2 thru 5 harges, Sale	show 100% / s Taxes, Trac	Acquisi ie In All	tion Cost As Of J owances, Etc.	anuary 1 Includ	ling Freight,	TOTAL	
							XPAYER JAN	
if on January loaned, leas	y 1, you have ed, stored o	e in your poss rotherwise he	ession eld and	any machinery, not owned by yo	equipment, offi ou.	ce furniture	& fixtures, vendo	's, etc. which are
Name of Owner or Company Addre			íress	Description of Eq.	Quantity	Date Lease Started		
F.,_l_ AU /:			·····	SUPPLIES				100% COST
Fuels, All Ki Maintenanc		and Office S	Supplie					
Medical and			- up pino					
Equipment 8	Spare Parts						·	
Barber and	Beauty Sup	plies						
All Other Su	pplies and	Materials NC					1	İ
LICT ALL	UNILICE			SUPPLIES	TED IN MAR	IE OE DI	ISINESS AS O	F JANUARY 1
Make	Year	Series or		erial Number	Body Type Bed		or Your Cost in	c Tax Office
Wicke	1000	Model			Bed	Dies	el Extras/Be	d Use Only
						+		
							-	
	-					-		_
								
							-	
								
							TOTAL	
MAKE	YEAR MODEL			HANGE	RLOCATION		COST	TAX OFFICE USE ONLY
					.			
	1	Sorie		VEHICLES W	/ITH SPECIA Rollback Or	1	T	
Year	Make Mod			Cement Mixer	Wrecker	Dump	Other	VALUE
						 	<u> </u>	-
						 		
	†							